FORM D

1334023

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF

Serial

hours per response 16.00

NOTICE OF SALE OF SECURITIES	SE	C USE O	ΔĽ,
PURSUANT TO REGULATION D,	Prefix		_
SECTION 4(6), AND/OR	DA	TE RECEIV	Ę
NOW I IMPED OFFEDING EVENIETION	[1

	UNIF ORWI LIN	HIED OFFERING EA	LEWIF HON -	
Name of Offering (☐ chec	ck if this is an amendment a	nd name has changed, and inc	dicate change.)	RECEIVED
Filing Under (Check box(es	s) that apply): Rule 504	☐ Rule 505 ☐ Rule 506	☑ Section 4(6) ☑ J	ÚLOE V
Type of Filing: New F	iling			JUL 2 1 2005 >>
		IC IDENTIFICATION DA	TA	
1. Enter the information rec				V 109 /6/
Name of Issuer (☐ check	if this is an amendment and	name has changed, and indic	ate change.)	(1.00 S
Kosene Development F				
Address of Executive Offic 4495 Saguaro Trail, Ind	es (Number an ianapolis, Indiana 46268	d Street, City, State, Zip Cod	Telephone Number ((317) 299-9999	Including Area Code)
Address of Principal Busine (if different from Executive		d Street, City, State, Zip Cod	e) Telephone Number (1	Including Area Code)
Brief Description of Busine Financing of real estate	ess e acquisition and develo	pment projects		PROCESSED JUL 28 2005
Type of Business Organizat ☐ corporation ☐ business trust	☐ limited partne	rship, already formed rship, to be formed	☑ other (please spe	cify): THOMSON by company MANCIAL
		Month Year tion: 0 4 0 5 vo-letter U.S. Postal Service a anada; FN for other foreign j		☐ Estimated
GENERAL INSTRUCTION Federal:	S			

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and ma					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Kosene Investments, LI	_C				······································
Business or Residence Adda	ess (Number and	d Street, City, State, Zip	Code)		
4495 Saguaro Trail, Indi	1 4 4 44 77 1 1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	CONTRACTOR OF THE PROPERTY OF THE SECRETARIES OF THE PROPERTY			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Kosene, Gerry	if individual)	de de la companya de			
Business or Residence Addi	ress (Number an	d Street, City, State, Zir	(Code)		The state of the s
4495 Saguaro Trail, Indi	The second second				
Check Box(es) that Apply:		☑ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Kosene, David					
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
4495 Saguaro Trail, Indi	anapolis, Indi	ana 46268			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Miller, Tadd	if individual)		office oranger		
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
4495 Saguaro Trail, Indi	** A 18 A				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Birge, J. Taggart					
Business or Residence Addr 4495 Saguaro Trail, Inc			Code)		
Check Box(es) that Apply:	□Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ess (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		

New Notation New					B. INF	ORMAT	ION ARC	UT OFF	ERING				14	
Answer also in Appendix. Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	1 Has th	e issuer so	ld or does									-		
2. What is the minimum investment that will be accepted from any individual? Yes No	1. 1145 11	C 135 u C1 30	id, or docs							•	•••••	***************************************	Ц	
3. Does the offering permit joint ownership of a single unit?	2 What	io tho mini							•				r 50 00	^
3. Does the offering permit joint ownership of a single unit?	2. what	is the mini	mum inve	siment ina	t will be a	ссеріец іг	om any in	aiviauai?		• • • • • • • • • • • • • • • • • • • •	••••••			
sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Not Applicable Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). All States International Content of Co	3. Does t	the offering	g permit jo	int owners	ship of a s	ingle unit	?			•••••				
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	sion or to be li list the	similar rer sted is an a name of th	nuneration associated ne broker o	for solicite person or or dealer. I	ation of pu agent of a If more tha	rchasers in broker or an five (5)	dealer reg	on with sal gistered w o be listed	es of secur	rities in the C and/or v	offering. I with a state	If a person or states	l ,	
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name (Last name	first, if in	dividual)								-		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						Not Ap	plicable							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business or	Residence	Address	Number a	nd Street,	City, Stat	e, Zip Coo	le)			_			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Name of As	sociated B	roker or F)ealer										
All States All AK AZ AR CA CO CT DE DC FL GA HI ID [IL] [IN] [IA] [KS] [KY] [LA] ME MD MA MI MN MS MO MT [NE] [NV] NH NJ NM NY NC ND OH OK (OR) [PA] RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WA] [WV] [WI] [WY] [PR] States in Which Person Listed Has Solicited or Intends to Solicit Purchasers All States All States ALL [AK] AZ AR [CA] [CO CT] [DE] [DC [FL] GA HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] ME MD MA [MI] [MN] MS MO MI] [MI]	rame or ris	sociated B	TORCI OI L	Cuici										
AL	States in W	hich Person	n Listed H	as Solicite	d or Inten	ds to Soli	cit Purchas	sers						
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MI] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PA]														
MT			[AZ]			[CO]		[DE]	[DC]	[FL]	[GA]	[HI]	[ID	<u> </u>
RI SC SD TN TX UT VT VA WA WV WI WY PR														
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	IL
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		··· -	··· -		nd Street,	City, Stat	e, Zip Coo	le)						
Check "All States" or check individual States) All States [AL]	Name of As	sociated B	roker or D	ealer										
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MI] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PR] [VI] [VI] [VI] [VI] [VI] [VI] [VI] [VI													□ All	States
MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Full Name (Last name	first, if in	dividual)		-, -,	-						3 · · · · · · · · · · · · · · · · · ·	7,
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Business or	Residence	Address (Number a	nd Street,	City, Stat	e, Zip Cod	le)						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							 							
	Name of As	sociated B	roker or D	ealer				- <u></u>						
Control III States of check marriagan states, and all states														States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]											[GA]	[HI]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	
ILLI ILINI ILIAII ILAII ILAII ILAII ILIAII ILIAII ILIAII ILIAIII ILIAII ILIAII ILIAIII ILIAIII ILIAIII ILIAIII	IMTI	(NE)	INVI	INHI	INI	INMI	INY	INCI	INDI	IOHI	[OK]	[OR]	ГРА	11
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	e	Amount Already Sold
	Debt	\$ 3,000,000		\$ 650,000
	Equity	\$.0	_	\$0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$	_	\$
	Other (Specify)	\$	_	\$
	Total	\$ 3,000,000	_	\$ 650,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amoun of Purchases
	Accredited Investors		_	\$ 650,000
	Non-accredited Investors			<u>\$ 0</u>
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504		_	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$0
	Printing and Engraving Costs			<u>\$ 0</u>
	Legal Fees	**********		\$ 10,000
	Accounting Fees	*********		\$ 0
	Engineering Fees			\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify)			\$
	Total			\$ 10,000

	ne of Signer (Print or Type) Sene Investments, LLC Title of Signer (Print or Type) Manager – By: Tadd Miller, Manager	er/Member	
Kos	sene Development Fund III, LLC	//	luly 15, 2005
follo ques	issuer has duly caused this notice to be signed by the undersigned duly authorized person. It is by signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and set of its staff, the information furnished by the issuer to any non-accredited investor pursual er (Print or Type)	Exchange Comm	uission, upon written re- b)(2) of Rule 502.
	D. FEDERAL SIGNATURE		
	Total Payments Listed (column totals added)	□ <u>\$</u>	640,000
	Column Totals	□\$	□\$
		\$	\$
	Other (specify):	□\$	D\$
	Working capital	□\$	🗆 \$
	Repayment of indebtedness	□ <u>\$</u>	□\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	□\$
	Construction or leasing of plant buildings and facilities	□\$	□\$
	Purchase, rental or leasing and installation of machinery and equipment	□\$	\$
	Purchase of real estate	□\$	<u>\$ 640,000</u>
	Salaries and fees	Payments to Officers, Directors, & Affiliates	& Payments To
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed t used for each of the purposes shown. If the amount for any purpose is not known, furnis estimate and check the box to the left of the estimate. The total of the payments listed must e the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b about 10 to 10	h an qual ve.	
	"adjusted gross proceeds to the issuer."		\$ 640,000
	b. Enter the difference between the aggregate offering price given in response to Part C – Q tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference is	the	
984	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROC	EEDS

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

 \boxtimes

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule?.....

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Kosene Development Fund III, LLC	Signature Date July 15, 2005
Name (Print or Type) Kosene Investments, LLC	Title (Print or Type) Manager – By: Tadd Miller, Manager/Member

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5
	to non-a-	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)		amount purc	nvestor and chased in State C-Item 2)		under Sta (if yes explan waiver	ification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No	Promissory Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	103	110	1,000	Investors	Amount	Investors	Amount	103	140
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA					<u>-</u>				
HI									
ID									
肛									
IN		х	\$3,000,000	6	\$650,000	0			х
IA									
KS				-					
KY									
LA				 					
ME									
MD									
MA									
MI				·	·				
MN							·		<u> </u>
MS									

APPENDIX

1	:	2	3			4			5
	to non-a	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)		amount purc	nvestor and hased in State -Item 2)		under Sta (if yes explant waiver	attach ation of
State	Yes	No	Promissory Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MO	165	110	110103	investors	Amount	Investors	Amount	165	110
MT									
NE NE					<u> </u>				
NV							<u> </u>		
NH									
NJ									
NM							 		
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD_						!			
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									

APPENDIX

1		2	3	4					5
									lification
			Type of security					under St	ate ULOE
ļ	Intend	to sell	and aggregate					(if yes	, attach
	to non-a	ccredited	offering price		Type of investor and				
	investor	s in State	offered in State	amount purchased in State waiver granted)				granted)	
	(Part B	-Item1)	(Part C-Item1)		(Part C-Item 2)				-Item 1)
			Promissory	Number of Accredited		Number of Non-Accredited			
State	Yes	No	Notes	<u>Investors</u>	Amount	Investors	Amount	Yes	No
WY									
PR									

FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, as Manager of Kosene Development Fund III, LLC, a limited liability company organized under the laws of Indiana, for purposes of complying with the laws of the states indicated hereunder relating to (i) either the registration or sale of securities or (ii) the furnishing of investment advisory services, hereby irrevocably appoints the officers of the states so designated hereunder and their successors in such offices, its attorney in those states so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the states so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the states so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that state and have been served lawfully with process in that state.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Kosene Development Fund III, LLC Attn: Kosene Investments, LLC Tadd Miller, Manager 4495 Saguaro Trail Indianapolis, Indiana 46268

Place an "X" before the names of all states for which the person executing this form is appointing the designated Officer of that state as its attorney in that state for receipt of service of process:

ALABAMA	Secretary of State.		ILLINOIS	Secretary of State.
ALASKA	Administrator of the Division of Banking and	X	INDIANA	Secretary of State.
	Corporations, Department		IOWA	Commissioner of Insurance.
	of Commerce and Economic Development.		KANSAS	Secretary of State.
ARIZONA	The Corporation Commission.		KENTUCKY	Director, Division of Securities.
ARKANSAS	The Securities Commissioner.		LOUISIANA	Commissioner of Securities.
CALIFORNIA	Commissioner of Corporations.		MAINE	Administrator, Securities Division.
COLORADO	Securities Commissioner.		MARYLAND	Commissioner of the Division of Securities.
CONNECTICUT	Banking Commissioner.		MASSACHUSETTS	Secretary of State.
DELAWARE	Securities Commissioner.		MICHIGAN	Administrator, Corporation and Securities Bureau,
DISTRICT OF COLUMBIA	Public Service Commission.			Department of Commerce.
	Department of Backing		MINNESOTA	Commissioner of Commerce.
FLORIDA	Department of Banking and Finance.		MISSISSIPPI	Secretary of State.
GEORGIA	Commissioner of Securities.		MISSOURI	Securities Commissioner.
GUAM	Administrator, Department of Finance.		MONTANA	State Auditor and Commissioner of Insurance.
HAWAII	Commissioner of Securities & Consumer Affairs.		NEBRASKA	Director of Banking and Finance.
IDAHO	Director, Department of Finance.		NEVADA	Secretary of State.

NEW HAMPSHIRE	Secretary of State.	SOUTH CAROLINA	Secretary of State.
NEW JERSEY	Chief, Securities Bureau.	SOUTH DAKOTA	Director of the Division of Securities.
NEW MEXICO	Director of Securities.	TENNESSEE	Commissioner of Commerce
NEW YORK	Secretary of State.	TOTAL O	and Insurance.
NORTH CAROLINA	Secretary of State.	TEXAS	Securities Commissioner.
NORTH DAKOTA	Securities Commissioner.	UTAH	Director, Division of Securities.
ОНЮ	Secretary of State.	VERMONT	Commissioner of Banking, Insurance, Securities, and Health Care Administration
OREGON	Director, Department of Insurance and Finance.	VIRGINIA	Clerk, State Corporation Commission.
OKLAHOMA	Department of Securities.	WASHINGTON	
PENNSYLVANIA	Pennsylvania does not require filing of a Consent	WASHINGTON	Director of the Department of Licensing.
	to Service of Process.	WEST VIRGINIA	Commissioner of Securities.
PUERTO RICO	Commissioner of Financial Institutions.	WISCONSIN	Department of Financial Institutions, Division of Securities
RHODE ISLAND	Director of Business Regulation.	WYOMING	Secretary of State.
			*

Dated this ____ day of December, 2003

APPLICANT

KOSENE DEVELOPMENT FUND III, LLC

By: Kosene Investments, LLC as Manager

Ву:

STATE OF INDIANA
COUNTY OF MARION

On this day of July, 2005, before me, Tadd Miller, the undersigned Member, personally appeared, known personally to me to be a Member of Kosene Investments, LLC, the Manager of the above named Kosene Development Fund III, LLC, and acknowledged that he, as a Manager being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public/Commissioner of Oaths

My Commission Expires: //-2/-00

My County of Residence: Hand (iC)

635723.1

(SEAL)